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for maintenance fee notifications.		scriying a new corresponder	ice address, and/or (b) maicai	ing a separate "FEE ADDRESS"
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 23416 7590 08/10/2010 CONNOLLY BOVE LODGE & HUTZ LLP 1007 North Orange Street P. O. Box 2207 Wilmington, Delaware 19899-2207			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Our othy L. Owens Science (Depositor's name) Northy L. Owens Science (Signature) 11 (10) 10 (Date)	
APPLICATION NO. FILING DATE	FIRST NAM	ED INVENTOR	ATTORNEY DOCKET NO). CONFIRMATION NO.
10/523,503 07/13/2005	Volker	Mittendorf	12810-00379-US	5918
TITLE OF INVENTION: SUGAR AND LIPID METABOLISM REGULATORS IN PLANTS IV APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE				
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Non-Provisional no EXAMINER	\$1,510.00	\$300.00	\$1,810.00 1	11/10/2010
McElwain, Elizabeth F.	ART UNIT 1638	CLASS-SUBCLASS		
McElwain, Elizabeth F. 1638 800-281000 1. Change of correspondence address or indication of "Fee 2. For printing on the patent front page, list				
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for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)				
BASF Plant Science GmbH Germany				
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government				
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X Issue Fee A check in the amou		ck in the amount of the fee(s) is enclosed.	
X Publication Fee (No small entity discount permitted) X Payment by credit card. Form PTO-2038 is attached.				
Advance Order -# of Copies The Director is hereby Deposit Account Numb			by charge the required fee(s) 03-2775	, or credit any overpayment, to
5. Change in Entity Status (from status indicate	d above)			
a. Applicant claims SMALL ENTITY sta	· _	b. Applicant is no longe	r claiming SMALL ENTITY s	status. See 37 CFR 1,27(g)(2).
The Director of the USPTO is requested to apply the I NOTE: The Issue Fee and Publication Fee (if require Interest as shown by the records of the United States P	 d) will not be accepted from a 	(if any) or to re-apply any pre anyone other than the applica	viously paid issue fee to the app nt; a registered attorney or ager	lication identified above. at; or the assignee or other party in
Authorized Signature Loberte Makowoki			Date Nov	ember 10, 2010
Typed or printed name Roberte M.D. Makowski, Ph.D.			Registration No.	55,421

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